



DEPARTMENT OF THE NAVY
NAVAL MEDICAL COMMAND
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO

NAVMEDCOMINST 6120.4
MEDCOM-22
5 January 1989

NAVMEDCOM INSTRUCTION 6120.4

From: Commander, Naval Medical Command

Subj: HEALTH SCREENING PROGRAM

Ref: (a) NAVMEDCOMINST 6600.2
(b) OPNAVINST 6110.1C

1. Purpose. To implement guidance to operate a Health Screening Program for active duty Navy and Marine Corps personnel.

2. Scope. Applies to all medical and dental health care providers.

3. Background. The health of active duty Navy and Marine Corps personnel is the primary responsibility of Navy medicine. Whereas research shows no clear need for an active medical intervention program in support of the health of active duty personnel, there are many elements of health screening already in place. This instruction recognizes these efforts and provides followup direction where needed to "close the loop" around a viable Health Screening Program.

4. Elements

a. Health Screening Program elements already in place are:

(1) Blood pressure checks and health questionnaire performed at least annually by dental treatment facilities (DTFs). Patients with elevated blood pressure or significant medical history changes are referred to a medical officer. (Reference (a).)

(2) The Risk Factor Questionnaire completed semiannually as part of the Physical Readiness Program. A positive response on the questionnaire requires clearance by a medical officer. (Reference (b).)

(3) Complete physical examinations including medical and family history.

b. The following recommendations for health maintenance checks and examinations will also be made elements of the Health Screening Program:

(1) Annual PAP smear, pelvic examination, and manual breast examination for all females.

(2) Annual tests for occult blood in the stool after age 35.

(3) Screening mammography for females at age 35, triennially between age 40 and 50, and annually thereafter.

(4) Tonometry biannually after age 40.

5. Action

a. Starting at age 25, periodic physical examinations will include lipid measurement and an electrocardiogram.

b. Adverse or abnormal findings on history, physical examination, or supporting tests from the elements listed in paragraph 4 will be brought to the attention of the cognizant medical department of the medical treatment facility (MTF). The cognizant medical department of the MTF is the one that maintains the individual's medical record.

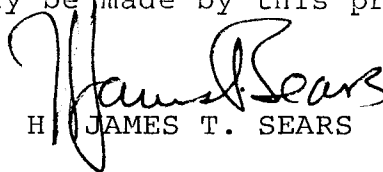
c. The individual will be notified by the cognizant medical department and given an appointment with a health care provider for evaluation. This evaluation will be done on an appointment basis. This evaluation is not considered within the context of care provided at sick call. Referral to a more specialized provider will be done by the initial care provider only when medically indicated.

d. An Individual Care Plan (ICP) for managing personnel identified above will be developed specifically for the individual involved and documented in the medical record. This documentation will be a generalized plan of action, including followup and expected results. Upon completion of the ICP, the individual will be returned to the Health Care Program for followup and the medical record must be appropriately documented.

6. General

a. Adherence to the ICP is the responsibility of the individual although advice and tracking programs will be provided by the cognizant medical department. Command support of the Health Screening Program is strongly encouraged.

b. This program is administered in support of the health needs of active duty personnel. The program is not, specifically, a determination of fit or unfit for duty, although such determinations may ultimately be made by this process.


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